CAUSE N	io. <u>G</u> V3	3-04676
STATE OF TEXAS,	§	IN THE DISTRICT COURT OF
Plaintiff	§	
	§	
	§	
V.	§	
	§	
	§	TRAVIS COUNTY, TEXAS
	§	
AMERICAN HABILITATION	§	
SERVICES, INC., d/b/a	§	

STATE'S ORIGINAL PETITION AND JURY DEMAND

888

TO THE HONORABLE JUDGE OF SAID COURT:

INDIAN WELLS HOUSE,

Defendant

The State of Texas, Plaintiff ("State"), acting by and through the Attorney General of Texas, GREG ABBOTT, and at the request of the Texas Department of Human Services ("TDHS" or "Department"), files this Original Petition, complaining of AMERICAN HABILITATION SERVICES, INC., d/b/a INDIAN WELLS HOUSE, Defendant, because it allowed one of its staff members to sexually abuse one of the residents of its facility and failed to respond appropriately to the allegations, and for cause of action shows the following:

I. DISCOVERY PLAN

1.1 Discovery is intended to be conducted under Level 2, pursuant to Tex. R. Civ. P.190.3. However, due to the nature of this lawsuit, the State reserves the right to request a tailored discovery plan pursuant to Texas Rule of Civil Procedure 190.4 at a later date.

II. PARTY PLAINTIFF

This suit is brought in the name of the State of Texas by and through its Attorney General, GREG ABBOTT, and his Elder Law and Public Health Division in the public interest and DISTRICT CLERK TRAVIS COUNTY, TEXAS

under the authority granted to him by the Constitution, statutes and laws of the State of Texas, including Chapter 252 of the Texas Health and Safety Code.

2.2 This suit is further brought pursuant to the request of the Commissioner of TDHS as authorized by Chapter 252 of the TEXAS HEALTH AND SAFETY CODE.

III. DEFENDANT

3.1 Defendant, AMERICAN HABILITATION SERVICES, INC., d/b/a INDIAN WELLS HOUSE is a corporation that operates a licensed Intermediate Care Facility for the Mentally Retarded, located at 4702 Indian Wells Drive, Austin, Texas 78747. At all material times relevant to this lawsuit, this Defendant was licensed by TDHS to operate INDIAN WELLS HOUSE. Service of process on AMERICAN HABILITATION SERVICES, INC., may be accomplished by serving its registered agent Capitol Corporate Services, Inc., at 800 Brazos, Suite 1100, Austin, Texas 78701.

IV. JURISDICTION

4.1 This Court has jurisdiction over this case pursuant to Tex. Health & Safety Code § 252.064(c).

V. VENUE

5.1 Venue is proper in Travis County, Texas pursuant to Tex Civ. Prac. & Rem. Code \$15.002(a)(1).

VI. PURPOSE OF SUIT

6.1 The purpose of this suit is to collect civil penalties from Defendant because Defendant has violated the minimum standards applicable to Intermediate Care Facilities for the Mentally Retarded ("ICF-MR") in Texas, threatening the health and safety of the residents at the facility.

VII. APPLICABLE LAW

7.1 Section 252.036 of the TEXAS HEALTH & SAFETY CODE, authorizes TDHS to adopt, publish and enforce minimum standards for ICF-MRs which ensure the health, safety and comfort State's Original Petition Page 2 of 7

of ICF-MR residents. According to this authority, TDHS has promulgated minimum licensing standards for ICF-MRs at 40 Tex. ADMIN. CODE Chapter 90.

7.2 Section 252.064, Texas Health & Safety Code, provides that a person who violates Chapter 252 or a rule adopted under that chapter is liable for a civil penalty of not less than \$100, or more than \$10,000, for each violation if TDHS determines that the violation threatens the health and safety of a resident. The statute also provides that each day of a continuing violation constitutes a separate ground for recovery.

VIII. EXHIBITS

- 8.1 In support of this petition, the State relies upon and adopts by reference, as if set forth verbatim, the attached exhibits:
 - A. Referral letter from TDHS to Attorney General John Cornyn dated February 14, 2002, a true copy of which is attached hereto as **Exhibit A**; and
 - B. Form 2567 Statement of Deficiencies dated June 1, 2001, from TDHS's investigation of the Defendant's facility, a true copy of which is attached hereto as **Exhibit B**.

IX. STATEMENT OF FACTS

- 9.1 Indian Wells House, located at 4702 Indian Wells Drive, Austin, Texas 78747, is a facility as defined in Tex. Health & Safety Code § 252.002(4). The facility is home to several individuals who have mental illness and/or mental retardation. At all material times, Defendant owned, operated, and/or managed the Indian Wells House facility.
- 9.2 Specific pleading of the facts at issue requires description of conditions and occurrences of an intimate and private nature involving individuals who are not parties to this suit. Disclosure of such identity would subject these individuals and their families to needless and painful public scrutiny, intruding deeply into their privacy without serving the ends of justice. Therefore, such disclosure is prohibited by Tex Health & Safety Code § 252.126 and 40 Tex. Admin. Code

State's Original Petition Page 3 of 7

§ 90.216.

- 9.3 The conditions described in the following paragraphs, and set forth more fully in **Exhibit B** attached hereto, describe some of the facts found by TDHS surveyors during their investigation of Indian Wells House.
- 9.4 TDHS surveyors conducted an investigation of the Defendant's facility, interviewed staff members and residents, and found that the facility failed to ensure that one individual was free from psychological and sexual abuse by its staff. The Defendant's facility also failed to conduct a thorough investigation of the allegations of abuse, failed to respond appropriately by notifying the police, and failed to provide the individual with an appropriate medical exam after the abuse.
- 9.5 The Defendant owns and operates a workshop in San Marcos, Texas, where the residents of Indian Wells House go for training and activities on a daily basis during the week. The director of the workshop ("Workshop Director") is an employee of the Defendant.
- 9.6 On or about March 8, 2001, one individual, a 32 year-old woman with mild mental retardation who resides at Indian Wells House, revealed to staff that on or about February 27, 2001, the Workshop Director sexually abused her. She revealed that on that day, the Workshop Director had invited her to go along with him to the local hardware store to purchase some step stools and that he then took her to his house where he had sexual intercourse and oral intercourse with her. A receipt from the hardware store dated February 27, 2001, shows the Workshop Director did purchase three step stools, as the individual claimed. The individual also told staff members that he told her not to tell anyone. The individual also told staff members that on or about February 26, 2001, the Workshop Director had driven her in his car her to a football field parking lot, where he fondled her, and that he had fondled her breasts at his house on another previous occasion.
- 9.7 After the individual revealed this information to staff on March 8, 2001, the Defendant's facility conducted a cursory investigation, suspended the Workshop Director State's Original Petition

 Page 4 of 7

temporarily, and quickly decided that the individual's allegations were unsubstantiated. The Defendant's facility did not notify the police. The Workshop Director returned to work on or about March 12, 2001. The Defendant's facility did not provide the individual with an appropriate medical examination to determine if any injury had occurred.

- 9.8 On or about March 13, 2001, the individual's mother took her to the San Marcos Police Department to give a statement. The police investigated at Indian Wells House and at the workshop and found sufficient evidence to arrest the Workshop Director on or about April 27, 2001. He was charged with sexual assault.
- 9.9 From the time the Workshop Director returned to work on or about March 12, 2001, to the time he was arrested on or about April 27, 2001, the staff at Indian Wells House continued to send the individual to the workshop and subject her to the Workshop Director's influence, control, and manipulation.

X. VIOLATIONS OF LAW

- 10.1 TDHS surveyors investigated the allegations described in the Statement of Facts section above from May 30, 2001 to June 1, 2001, and found the allegations of abuse were substantiated. As a result of that investigation, the facility was cited for the following violations:
- The facility failed to exercise general policy, budget, and operating direction over the facility as required by 40 T.A.C. § 90.42(c) and 42 C.F.R. § 483.410(a), cited at Tag W-104, for failure to recognize and respond to allegations of psychological and sexual abuse.
- 10.3 The facility failed to develop and implement written policies and procedures that prohibit mistreatment, neglect, or abuse of the clients as required by 40 T.A.C. § 90.42(c) and 42 C.F.R. § 483.420(d)(1), cited at Tag W-127, for failure to protect the individual from the perpetrator after the allegations were made.
- 10.4 The facility failed to ensure that clients are not subjected to physical, verbal, sexual,

 State's Original Petition

 Page 5 of 7

or psychological abuse or punishment as required by 40 T.A.C. § 90.42(c) and 42 C.F.R. 483.420(a)(5), cited at Tag W-149, for failure to provide an appropriate medical examination following alleged sexual abuse.

- 10.5 The facility failed to ensure that all allegations of mistreatment, neglect, or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures as required by 40 T.A.C. § 90.42(c) and 42 C.F.R. § 483.420(d)(2), cited at Tag W-153 for failure to report throughout the facility's chain of command and failure to report to police.
- 10.6 The facility failed to thoroughly investigate and prevent further potential abuse while the investigation is in progress as required by 40 T.A.C. § 90.42(c) and 42 C.F.R. § 483.420(d)(3), cited at Tag W-154 for failure to thoroughly investigate.
- 10.7 The facility failed to thoroughly investigate and prevent further potential abuse while the investigation is in progress as required by 40 T.A.C. § 90.42(c) and 42 C.F.R. § 483.420(d)(3), cited at Tag W-155 for failure to suspend the perpetrator while the "addendum" phase of the investigation was in progress.

XI. JURY DEMAND

11.1 The State requests a trial by jury, pursuant to the Texas Constitution article 1, § 15, and in accordance with Tex. R. Civ. P. 216.

XII. PRAYER

- 12.1 For these reasons, the State respectfully requests that upon final trial of the merits, the Court award the State the following relief:
 - A. Not less than \$100, nor more than \$10,000, for each act in violation of Chapter 252 that threatened the health and safety of a resident, under Tex. Health & Safety Code § 252.064; and post-judgment interest;
 - B. Statutory attorneys fees; and

C. All other relief to which the State may show itself to be justly entitled.

Respectfully submitted,

GREG ABBOTT Attorney General of Texas

BARRY R. MCBEE First Assistant Attorney General

EDWARD D. BURBACH
Deputy Attorney General for Litigation

LOWELL A. KEIG Chief, Elder Law and Public Health Division

SUZANNA L. BASINGER

State Bar No. 24029438 Assistant Attorney General

Elder Law and Public Health Division

P.O. Box 12548, Capitol Station

Austin, Texas 78711-2548

Telephone:

(512) 936-1316

Facsimile:

(512) 499-0712

ATTORNEYS FOR THE STATE



COMMISSIONER
James R. Hine

February 14, 2002

RECEIVED

..............................

Office of the Attorney General
Elder Law and Public Health Division

FEB 2 0 2002

The Honorable John Cornyn Attorney General of Texas P.O. Box 12548, Capitol Station Austin, Texas 78711-2548

Attention: Howard Baldwin

Dear General Cornyn:

Re: Indian Wells House, Austin, Texas - Facility ID #007368

The Texas Department of Human Services has determined that the above-referenced licensed intermediate care facility for the mentally retarded is operating in violation of Chapter 252 of the Health and Safety Code. It has further been determined that the violation threatens the health and safety of the residents within the facility. Please file suit for civil penalties and any other relief which may be appropriate.

Pertinent information for the handling of this matter is enclosed. Should you have any questions or require additional information, please contact Susan E. Davis, Assistant General Counsel, Compliance Section, at 438-3099.

Thank you for your prompt attention to this matter.

Sincerely,

James R. Hine Commissioner

JRH:jbm

Enclosure

EXHIBIT

A

BOARD MEMBERS Jon M. Bradley Chair, Dallas Jerry Kane

San Antonio

Houston

Midiand

John A. Cuellar Dallas

Manson B. Johnson

Terry Durkin Wilkinson

Vice Chair, Corpus Christi Abigail Rios Barrera, M.D. 9089513

F.02/20

£ 2 }

PRINTED: 6/22/01 FORM APPROVED OMB NO, 0938-0391

DEPARTMENT (Դ ≑	HEALTH	AND	HUMAN	SERVICES
DEFYKIAMI	٠.	1 247 444 7 4 4		*** *** ******	てばない

HEALTH CARE FINANCING ADMINISTRA STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION

(XI) PROVIDERSUPPLIERCLIA IDENTIFICATION NUMBER:

45 6897

(N2) MULTIPLE CONSTRUCTION A BUILDING

(X3) DATE SURVEY COMPLETED C 6/1/01

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE 4702 DIDIAN WELLS DRIVE .

B. WING _

AUSTIN, TX 78747

	VELLS HOUSE	AUSTIN, T	₹ 787 4 7		
INDIAN W	SUMMARY STATEMENT OF DEFICIEN (EACH DEFICIENCY MUST BE PRICEED FILL REGIL ATORY OR LSC IDENTIFY	CIES ED BY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLET E DATE
TAG	INITIAL COMMENTS This 2567 was written in response to compre-investigation #31093 and incident re-investigation #31093 and investigation #31093 and investig	olaint vestigation	w ope	Preparation and /or execution of this Plan of Correction does not constitute Admission or Agreement by the Provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because if is required by the provision of Federal and State Law.	
w 102	On 6/21/01 a visit was conducted as a recordible allegation. No additional finding noted. Based on action taken by the facility recommended that the 23 day termination to a 90 day termination. 483.410 GOVERNING BODY AND MANAGEMENT W483.410 Condition of participation: Governing body and management.	ty it is	W 102	All allegations are being recorded in log, verbatim in the order received. Log is kept by the Administrator with monitoring by the Regional Administrator to ensure that all allegations are correctly identified at assigned to be investigated. This weffective on August 5, 2001.	nd
wı	This CONDITION is not met as evidence Based on interviews and record review it determined the facility governing body is ensure the health and saftey of residents protoction from sexual abuse. Refer to: W 104; W 122; W 127 114 183,410(a)(1) GOVERNING BODY The governing body must exercise gen- budget, and operating direction over the This STANDARD is not met as eviden	was niled to and provide eral policy, he facility.	W 104	A policy has been implemented requiring the administrator to report allegations of physical harm or sext abuse to the police as well as to TDHS. The policy further requires that no employee that no employee shall return to work while he/she is under investigation by the police, TDHS or AHS. Staff will in-service on this new policy by August 5, 200 All employees and consumers will trained in a new Rights. Abuse, an Neglect curriculum by August 5, 200	d 01. be

LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVES SIGNATURE

This STANDARD is not met as evidenced by:

UMM Any deficiency statement ending with an asterisk (*) denoted deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patient. Except for nursing homes, the findings above are disclosuble 90 days following the date of survey whether or not a plan of correction is provided For nursing homes, the above findings and plans of correction are disclosible 14 days following the date these documents are made available to the facility. If deficiencies are exict, an approved plan of correction is requisite to continued program participation. et lof 16

CORNI (ICFA-2567(02-97)

ATC1 12:00

Event! LORQII

Facility !

EXHIBIT

P.03/20 ≀ ಗಲ್ಲ-ಲ್ಲಿ

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Ariter 7 3)

PRINTED: 6/22/01 FORM APPROVED OMB NO 0938-0391

(X3) DATE SURVEY

HEALTH CARE FINANCING ADMINISTRATION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(XI) PROVIDERSUPPLIENCLIA DENTIFICATION NUMBER:

45G897

(N2) MULTIPLE CONSTRUCTION A BUILDING

COMPLETED С

6/1/01

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING

4702 INDIAN WELLS DRIVE .

INDIAN WELLS HOUSE			AUSTIN, TX 78747					
	(X4) ID PREFI X	SUMMARY STATEMENT OF DEFICIEN (EACH DEPICIENCY MUST BE PRECEED FULL REGULATORY OR LSC IDENTIFY INFORMATION)	CES ED BY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLET E DATE		
The state of the s	TAG W 104		ated abuse by p staff othe report, iew with 00 pin ierview 5/30/01 at ad been erview with partment on perpetrator view with investigator the alleged but did still the legal iealed ith him on ed the nother eged attor to look o noted that	W 104				
	4			1		}		

FORM HCFA-2567(02-99)

ATG: (2000

Event! UORQII

Exertity !

If continuation sheet 2 of 16

DEPARTMENT OF HEALTH AND HUMAN SERVICES

gruby.

PRINTED: 6/22/01 FORM APPROVED OMB NO. 0938-0391

	CARE FINANCIES	The manual man are line	175027114	A171 \ # # T1	PLE CONSTRUCTION	(X3) DATE	
STATEMEN DEFICIENC	TOF	(XI) PROVIDERSUPP	NUMBER:	A BUILDING		COMPLETED	
AND PLAN	OF CORRECTION	ED C. 1	•	B. WING		ł	_ 1/01
		45G897				В/	1701
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
	vells house		4702 INDIA AUSTIN, TX	n wells d x 78747	RIVE		
DADIMA A				ID	PROVIDER'S PLAN OF COR	RECTION	(X3)
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCY MUST BE PRECISED	ED BY	PREFIX	TEACH CORRECTIVE ACTION	SHOULD BF	COMPLET
PREFI	FILL REGULAT	TORY OR LSC IDENTIFY	ING	TAG	CROSS-REFERENCED TO APPROPRIATE DEFICIE	DIRE NCY)	37.40
TAG	Ŋ	FORMATION)					i
W 122	483.420 CLIENT PI	ROTECTIONS		W 122	See W127.		
	W483 420 Condition	on of participation:]			
	Client protections.						
	This CONDITION	is not that as evidenced	by:				
	Based on record rev	elew and interviews, it v	vas				
	determined the facil	lin failed to enure the i	ndividuals				
	in the facility were t	protected from sexual a	buse,	}			
	allegations of sexua	i) abuse were reported it	mmediately	}			
	to the administrator	and the police, allegat	ions were				
		sidents were protected d	uring the				
	investigations.		ł				
	See evidence at WI	.27, W149, W153, W15	4. W155.				
				W 127			
W 127		TECTION OF CLIENT	5	A4 177.			
	RIGHTS						
	The facility must be	nsure the rights of all c	lients.				
	Therefore the facil	his must ensure that ch	ents are				1
	not subjected to nit	hysical, verbal, sexual c	ρr				į
	psychological abus	e or punishment.		;			† 1
		is not met as evidence			•		1
	Based on interview	vs and record review the	facility				
	failed to ensure the	at 1 of 6 individuals was	protected				
	from psychologica	l and sexual abuse (Ind.	vidnai kr).				
	A 1.44	/31/01 at 5:20 p.m. with	Staff B				
	A, injerview on 3	v weeks prior to 2/27/01	individuals	1			
	#1 and #7 sold bee	that they and the other	housemates				
Ì	had been riding in	the van and the Works	hop				
	Director followed	perpetrator) was driving	Staff B				1
	enid that Individua	als #1 and #2 told her th	nat				
	Individual #1 seas	sitting in the front pass	enger seat.				
1	THE RESERVE THE RESERVE TO A STREET	Attains to the state of the land	•	i	l .		!

FORM HCFA-2567(07-99)

ATG112000

Event 1 COKQ11

Facility (

If continuation sheet 3 of 16

DEPARTMENT OF HEALTH AND HUMAN SERVICE
HEALTH CARE FINANCING ADMINISTRATION

05 OME NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X I) PRO VIDERSUPPLIERCLIA DENTIFICATION NUMBER: (N2) MULTIPLE CONSTRUCTION
A BUILDING

(X3) DATE SURVEY COMPLETED C

6/1/01

45C897

STREET ADDRESS, CITY, STATE, ZIP CODE 4702 INDIAN WELLS DRIVE

B. WING

AUSTIN, TX 78747

INDIAN WELLS HOUSE

NAME OF PROVIDER OR SUPPLIER

this incident.

(X4) ID PREFI X TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG
	Continued From page 3 Staff B said that they told her that he grabbed the arm	W 127

of Individual #1 and pulled her lowards him and

stuck his tongue in and out of his mouth and tried to

french kiss her. Staff B said that she did not report

Additionally, the interview revealed that on 3/03/01 that Staff B was driving the van and the individuals

sitting in the front passenger seat. She said that she

started crying for no apparent reason and said, "He is

such a jork! I am such a bitch! How was I supposed

making the same statements. She said she called the

Load House Managor and advised her of Individual

#1's behaviors. Staff B said she asked her how she

should document the behavior. Staff B said that the

Lead House Manager told her not to go into a lot of dotail in the progress note. She also told Staff B to

use the Workshop Director's (alleged perpension)

working title instead of his name. Staff B said the

the facility investigators, and report the incident.

to. Staff B said she paged Staff J, the on-call Qualified Mental Retardation Professional (QMRP).

but she never returned her page. She said that

facility investigators, called her. She said she informed him of the incident and he said he would meet with the house managers the next morning and discuss the incident. Staff B said that Individual #1

eventually the Lead QMRP, who is also one of the

Lead House Manager told her to call Staff G, one of

Staff B said she called Staff G and she informed her

that she was not the person that Staff B needed to talk

to know that he was married?" Staff B said that on

3/04/01 that Individual #1 was upset and started

were in the van. She said that Individual #1 was

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE
Preparation and for execution of this Plan of
Correction does not constitute Admission or
Correction does not constitute Admission or

Correction does not constitute Admission or Agreement by the Provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because if is required by the provision of Federal and State Law.

W127

A policy has been implemented requiring the administrator to report all allegations of physical harm or sexual abuse to the police as well as to the TDHS. The policy further requires that no employee shall return to work while he/she is under investigation by either the police, TDHS or AHS. The State Quality Advisor will train the Administrator, Investigator, and QMRP's on this new policy by August 5, 2001. All other staff will be trained. on this policy, by the Administrator and/or State Quality Advisor, by August 5, 2001. All employees and consumers will be trained in a new Rights, Abuse and Neglect curriculum by August 5, 2001.

The Acting Workshop Director and Administrator are no longer with the company, effective June 14, 2001.

The Investigator was relieved of investigative duties effective June 6, 2001. This will remain in effect until he can be re-trained.

FORM HCFA-2367(02-99)

ATOLIZIAN

did not have a history of making false allegations and

that her story had remained consistent during the past

Event I CORQII

Facility 1

If continuation sheet 4 of 16

INDIAN WELLS - 303

two months.

DEPARTMENT OF HEALT HEALTH CARE FINANCIN	H AND HUMAN SERV IG ADMINISTRATION	nces		<u></u>	S OMB NO	ED: 6/2/01 APPROVED), 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDERSUP IDENTIFICATION 45C897	plierclia nnumber:	B. MING _			SURVEY LETED C
NAME OF PROVIDER OR SUPPLIE	SR.	}	IN WELLS	STATE ZIP CODE DRIVE		
(X4) ID SUMMARY ST PREFI (EACH DEFICIE FULL REGULA	ATEMENT OF DEFICIENCY MUST BE PRECEED TORY OR LSC IDENTIF NFORMATION	ICIES DED BY	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO' CROSS-REFERENCED APPROPRIATE DEFIC	N SHOULD BE TO THE	COMPLEY E DATE
W 127 Continued From page B. Interview on S. #1 revealed that phousemates were it Director (alleged points food for a point the Workshop Direct of the Workshop Direct hat placed his hand of breast. She said the Individual #1 said workshop site did The interview revelocation workshop at approperator asked local hardware ste Workshop Direct step stools at the they left the harding back to the workshop be and put his house. Individual food has house they left the harding back to the workshop be and put his penis said he told her hard put his penis said he told her hard they left the workshop be and put his penis said he told her hard put his penis said he told her hard they left the workshop be and she did not to the workshop be and the works	c 4 (30/01 at 3:50 p.m. with rior to 2/27/01, she and in the van and the Works perpetrator) was driving rove the van to his house office luncheon. Individually a large perpetrator him inside the house to when they were in the king top of her blouse and to that he told her not to tell, when they returned to to	the van. to pick up tal #1 said f) asked assist him. tchen he buched her anyone. the alleged any him to the the cought three cought three cought three to would ove them to they would ove them to they walked leged rned it off. raped her mouth. She tid they y 11:00 a.m. the their to the they y 11:00 a.m. the they the the they the they the they the they the the they the	W 127	A policy has been implement requiring a medical examplement following any allegation of sexual abuse. The personal legation may choose to conduct the examination of physical abuse. For some the person will be strongly encouraged to see a phyphysical examination, gas evidence and any recompreventive treatment. The conducted by the Quality the Administrator, QMRF Manager and Nursing St. 5, 2001.	nination of physical or on making the ohave an RN for instances exual abuse, ly rsician for a othering of mended raining was of Advisor for of S, Program	

If continuation short 5 of 16

Facility I

Event l UOKQII

FORM HCFA-2567(02-99)

perpetrator) was training Staff H (a new hire) regarding the van route. Individual #1 said that Staff

VI2115709

P.07/20 MHOF: RI

DEPARTMENT OF HEALTH A	AND HUMAN SERVICES
HEALTH CARE FINANCING	ADMINISTRATION
PLEAT IN CARE CITATIVE	

150 PS

PRINTED, 6/2201 FORM APPROVED OME NO. 0938-0391

STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION (X1) PRO VIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (AZ) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

45C897

A BUILDING B. WING

C 6/1/01

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE 4702 INDIAN WELLS DRIVE AUSTIN, TX 78747

INDIAN WELLS HOUSE A		AUSTIN, TX 78"					
(X4) ID PREFI X TAG	SUMMARY STATEMENT OF DEFICIENC (EACH DEFICIENCY MUST BE PRECEDE FULL REGULATORY OR LSC IDENTIFY INFORMATION)	DEY PRE	FDX AG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLET E DATE		
TAG W 127	Continued From page 5 H was driving the van and the Workshop Di (alleged perpetrator) was in his car. She sai and her housemates were in the van and he if she wanted to ride with him in his car and him. "Sure." Individual #1 said that the van the Workshop Director's (alleged perpetrato another facility group home located in south She said that after they left the group home were on the highway (I-35) he turned off the road and went to a football field parking lot. Individual #1 said that he turned the car air-conditioner on high and placed his right fromt of it. She said he told her his hand was would she warm it for him? She said she to sit on it. She said he placed his hand inside blouse and inside her bra and touched her b said that next he placed his hand between her genital area. She said that he was watch the van and when he thought he saw it he p in drive and left the parking lot. Individual that when they pulled into the parking lot as	d that she esked her she told followed r) car to Austin. and they main hand in s cold and ld him to her reast. She or legs in ning for ut his car #1 said the	2.7				
	workshop the van was also pulling into the lot. Interview with the Lead QMRP revealed Staff H's first day to work was 2/26/01. D. An interview was conducted on 5/31/01 p.m. with the Acting Workshop Director. So that one morning at the workshop Individual not there. The Acting Director said she ask Individual #2 if she knew where Individual She said that Individual #2 told her that Individual #3 told her that Individual #4 told not say anything said that Individual #1 did not say anything	at 1:40 She said al #1 was ted #1 was? dividual #1 Workshop idual #1 had gone p Director					

FORM HCFA-2567(02-99)

ATGLI2095

Evenil VokQ11

Facility I

If continuation sheet 6 of 16

P.08/20

.U3/ZU HH6±:Ư3

HOLE AT MAKENTED TROUBLEICH PRINTED: 6/22/01 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO 0938-0791 HEALTH CARE FINANCING ADMINISTRATION (X3) DATE SURVEY STATEMENT OF (X1) PROVIDERSUPPLIERCLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: DEFICIENCES A BUILDING C AND PLAN OF CORRECTION B. WING 6/1/01 450,897 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4702 INDIAN WELLS DRIVE . AUSTIN, TX 78747 INDIAN WELLS HOUSE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES D (X3) COMPLET (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY PREFIX PREFI CROSS-REFERENCED TO THE FULL REGULATORY OR LSC IDENTIFYING TAG DATE Х APPROPRIATE DEFICIENCY) INFORMATION) TAG W 127 Continued From page 6 W 127 Staff E said that the alleged perpetrator did not inform her that Individual #1 was leaving the workshop with him. She said that Individual #1 did not have a history of making false allegations and that her story had remained consistent. During the interview, the Acting Workshop Director said that on 3/8/01 at approximately 1:15 PM, Individual #1 told her that the Workshop Director (alleged perpetrator) had raped her. She said that Individual #1 was crying and appeared upset. The Acting Workshop Director said that she went to Staff G's, office but she was gone for the day (Staff G is a facility investigator). The Acting Workshop Director said that she told Individual #1 not to tell anyone about the incident and that they would tell Staff G the next morning. E. A letter that was written by Individual #1's mother was reviewed on 5/30/01. The review revealed that her daughter (Individual #1) phoned her on 3/12/01 to tell her that the Workshop Director (alleged perpetrator) was back at the workshop. The mother said her daughter stated she was afraid. F. An interview was conducted on 5/31/01 at 1:00 p.m with the Lead QMRP who is also a facility investigator. The interview revealed that the Workshop Director (alleged perpetrator) was suspended on 3/09/01 for one day while the investigation was conducted. He said the Workshop Director (alleged perpetrator) returned to work at the workshop on 3/12/01 and continued to work at the

FORM HCFA-2567(02-99)

ATC: (20m)

workshop until 4/27/01 when he was arrested.

G. Review on 5/30/01 of Individual #1's record revealed she did not have a history of making false

Event L'ORQII

Facility!

If continuation sheet 7 of 16

P.09/20 てまるド: 佐江

PRINTED: 6/22/01 FORM APPROVED OMB NO. 0938-0391

DEPART	MENT OF HEALTH	AND HUMAN SERV	ices i		ان ا	FORM OME NO	APPROVED 0938-0391
STATEMEN	NT OF	ADMINISTRATION (X I) PROVIDERS UP IDENTIFICATION 450897	PLIERCILIA	(KQ) MULTI A BUILDIN B. WING	IPLE CONSTRUCTION	1	
			STREET ADD	RESS, CITY.	STATE ZIP CODE		
NAME OF PI	ROVIDER OR SUPPLIER			N WELLS			}
indian v	vells house		AUSTIN, T.				
(X4) D PREFI X	(EACH DEFICIENC	TEMENT OF DEFICIEN LY MUST BE PRECEED ORY OR LSC IDEN'IN FORMATION	ED BY	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED APPROPRIATE DEFIC	IN SHOULD BE TO THE	COMPLET E DATE
TAG W 127	Continued From page			W 127		•	
W 121	allogations.						
	5/30/01 verified that on 2/27/01 at 9:30 a. An interview was cowith the Pacifity's A facility did not report Police Department, incident on 2/27/01, medical treatment a said that after the Wepreclation) was att not re-evaluate their sexual abuse. The	hardware store' receip 3 step stools had been m. Inducted on 6/1/01 at 3 dministrator. He said If the alleged rape to th He said that since the Individual #1 had not and evaluation. The ad forkshop Director (allegested on 4/26/01, the formestigation of the allegement was not was being declared.	purchased :20 p.m. that the te local alleged received ininistrator ged acility did leged				
	with Staff I, License interview revealed t	onducted on 6/5/01 at led Vocational Nurse. That on 3/08/01 at appr	'hc oximately				
	an external examinathe exam was condused abuse. Staff only external and threathers, swelling of these symptoms individual #1 did nevaluation. Staff I an internal exam as	to the group home and atton of Individual #1. ucted due to an allegati I emphasized that the chat she was looking for vaginal discharge. Si were present. She con ot receive medical trea said that she wasn't quind that she had not been sexual abuse/trauma.	She said on of on of exam was bruising. In said none firmed that Iment and alified to do				**************************************
W 148	483.420(c)(6) CON CLIENTS, PAREN	AMUNICATION WIT:	ң	W 148			

Facility I

Event I UDKQ11

INDIAN WELLS - 307

If continuation sheet \$ of 16

FORM HCFA-2567(02-99)

ATICUESON

P.10/20 L 1100 € 1100

DEPARTM	ENT OF HEALTH	AND HUMAN SERV ADMINISTRATION	ices		- in	FORM A	ED: 6/22/01 PPROVED 0918-0391
STATEMEN	TOF	(X1) PROVIDENSUPI DENTIFICATION 45G897	PLERCUIA I NUMBER:	A BUILDE		i	
	ovider or supplier ELLS HOUSE	,	STREET ADE 4702 INDIA AUSTIN, T	IN WELLS			
(X4) ID PREFI X TAG	(EACH DEFICIENCE FILL REGULAT	TEMENT OF DEFICIEN Y MUST BE PRECEED ORY OR LSC IDENTIF FORMATION	ED ET	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED APPROPRIATE DEFIC	nshould be To the	(NS) COMPLET E - DATE
	or guardian of any so in the client's condition, serious iliness. a sunauthorized absence. This STANDARD Based on interview of failed to notify the fabuse for 1 of 6 individuals. Interview on 6/05/0 #1's father revealed him or the mother of the said that his date on the evening of 3 alleged incident on Administrator of the allegation. Individuals and contact him at a Record review on 6 #1's mother wrote a was addressed to the investigate the allegation facility of the allegation of the allegat	is not met as evidenced and record review the lamily of the allegation widuals (Individual #1'). I at 11:45 a.m. with In that the facility did not the allegations of sexual to the allegations of sexual to the facility on 3/09/01 and told him ab 2/27/01. He said he can a facility on 3/09/01 to unl #1's father said the anytime regarding the allegations of sexual abuse a had never been notifications. FF TREATMENT OF sevelop and implement dures that prohibit mis	tenanges I limited or I by: facility s of sexual contact mal abuse facility did discuss the facility did fliegations. dividual The letter facil to She stated od by the CLIENTS written treatment,	W 149	W148 Administrator and/or desistervice QMRP, Group Holand facility staff on AHS pregarding prompt communications and significant incidents, or cloonsumer's condition by 2001. Weekly Team Marmeeting will assist in morand guardian communications.	ome Manager policy inication with rdians of any nanges in the August 5, nagement intoring family	

FORM HCFA-2567(02-99)

ATQUEWY

Event FloxQ11

Facility (

If continuation sheet 9 of 16

		AND HUMAN SERV ADMINISTRATION			رسينا	FORM ,	ED: 6/2201 APPROVED) 0938-0391
STATEME	NT OF	(X1) PROVIDER/SUP IDENTIFICATION 45C897	PLIERCLIA	(N2) MUL A BUILDI B. WINO	TIPLE CONSTRUCTION NO	l	
	A A LUB CE CO ECODO (ED		STREET ADI	DRESS, CITY	STATE, ZIP CODE		
KANE OF F	ROVIDER OR SUPPLIER	•		an wells			
INDIAN '	WELLS HOUSE		AUSTIN, T			-	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIEN	CES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5) COMPLET
PREFI	(EACH DEFICIENC	Y MUST BE PRECEED	PD B A	PREFIX	(EACH CORRECTIVE ACT. CROSS-REFERENCE	ION STOULD DE	E
×		ORY OR LSC IDENTIF	ראת ז	TAG	APPROPRIATE DEF		3TAQ.
TAG	IN	FORMATION)			ATTROTRIATEDIA	10437.027	
WIAG	Continued From page !	ç	}	W 149	W149		
11 1-12		ew and interview on 5	(30 60 (0)			1	
	Based on record revi	ew and interview on 3	730-0/1/01,		A malloy has been involve	montod	
	it was determined th	e facility failed to ensu	ire that		A policy has been imple		
	medical evaluation a	ind follow-up treatmen	r nac been		requiring a medical exal		
i		legation of sexual abus	se for lot l		following any allegation		
	allegation involving	Individual #1.			sexual abuse. The pers	on making the	
		•	!		allegation may choose t		
	The findings are:				conduct the examination	n for instances	
					of physical abuse. For		1
	Review of the Facility	ly Investigation Report	dated				
	3/12/01 noted that It	ndividual #1 had allege	ed on		the person will be strong	• •	
	3/8/01 she had been	sexually abused by a v	rorkshop i		encouraged to see a ph		
	staff member Acco	rding to the report, the	nurse		physical examination, ga	athering of	
	conducted a physical	examination which re	esulted in		evidence and any recon		
	"unthing being found	d." There was no other	r indication		preventive treatment. T		ĺ
	that say other medic	al evaluation had been			conducted for the Admir	_	
	conducted.	.a) Cramberon inte over	`				
	conducted.		1		QMRP's, Program Mana		
	Davis - Falls - units	a marke	unidated		Nursing Staff by August	5, 2001.	1, 1, 2
<u>'</u>	Review of the nursir	ng notes revealed an en	my nated !				~ }
	3/8/01 at 6:00 pm.		ingl		This policy will be reitera	ated to all staff	,
	bruises, reaness, or s	welling noted. No vag	discomfort		by Staff Development C	oordinator by	
	aischnige noice, Ne	complaint of pain or	uiscomuon		August 5, 2001.	•	
		1) was crying at this ti			7,09000,2001.		" V "-1,
5		documentation availab				•	
		medical evaluation or	10110th-nb		}		
1	had been completed.	•					}
1							
		acility administrator or					}
}	3:00 pm revealed th	e nursing staff sent to	evaluate				
}	Individual #1 did no	of have expendence of the	nining in			ì	
1	conducting evaluation	ons of alleged sexual a	ssault				
	victims. He further	noted that the nurse hi	ad "basic				
	Liceword Vocations	I Nurses (LVN) training	e." The)	,	ļ
		that no other medical					ļ
	had been conducted					ļ	
]	war been conducted	ı	į			;	
					\$		
1	1		ſ		1	;	·

Event I UORQII

Facility !

INDIAN WELLS - 309

If continuation sheet 10 of 16

FORM HCFA-2567(02-99)

ATG1 (2006)

P.12/20

DEPART	MENT OF HEALTH	AND HUMAN SERV	nces		ν <u>φ</u> υγγ	FORM A	D: 6/23/01 PPROVED . 0938-0391
STATEME	nt of	ADMINISTRATION (X1) PRO VIDER/SUPI (DENTE ICATION 45C897	PLERCLIA N NUMBER:	A BUILDI		(X3) DATE COMPL (6/1	-ETED
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD		STATE, ZIP CODE		
endian y	wells house		AUSTIN, T	X 78747			
(X4) D PREFI X	SUMMARY STA (EACH DEFICIENC FULL REGULAT	TEMENT OF DEFICIENTY MUST BE PRECISED ORY OR LSC IDENTIF		ID PREFIX TAG	PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION CROSS-REFERENCED T APPROPRIATE DEFICE	O THE	(X5) COMPLET E DATE
TAG		F TREATMENT OF	CLIENTS	W 153	W153		
	mistreatment, neglet unknown source, are administrator or to State law through es This STANDARD Based on interviews allegations of sanua (Individual #1). The findings are:	sure that all allegation of or abuse, as well as a reported immediately other officials in accordance is not met as evidence is the facility failed to reliable for 1 of 6 indivision of the facility failed.	y to the dance with dance		All employees and consultrained in a new Rights. A Neglect curriculum that in understanding and exerci understanding and identificand neglect, and reporting for all components by Aug. The Acting Workshop Dir Administrator are no long company effective June	cludes cludes sing rights, ying abuse g procedures gust 5, 2001. ector and the jer with the	
	revealed that she will at the workshop 3/08/01 she had tak community outing, approximately 1:15 the Workshop Dire french kissed her a they returned to the p.m. Upon returnishe and Individual investigator but she said she told Indivitalk with the invessaid she told Indivitalk with the invessaid she told Indivitals and told her she worked with Individual the other house in the other house in	orked as a trainer with. She said that on the seen the individuals on the ten the individuals on the puring the outing at 15 p.m., Individual #1 to ottor (alleged perpetrate and raped her. Staff E is enverkshop at approximation to the workshop, she was gone for the facility with the facility of the fa	Individual afternoon of a sold her that or) had said that mately 2:50 e said that ity. Staff E E) would norning. She anyone about other. She notident on hat they and the van				· Carrier de

FORM HCFA-2567(U2-99)

ATG112000

Event I L'OKQII

Facility I

If continuation sheet 11 of 16

MENT OF HEALTH	AND HUMAN SERV ADMINISTRATION	TCES		deg i	FORM A	D: 6/22/01 PPROVED 0938-0391
NT OF TIES	LYN BROWDERKUP	PPLERCUA ON NUMBER: A BUILDIN B. WING		NG	COMPL	ETED
		4702 INDLA	N WELLS			
SUMMARY STA (EACH DEFICIENC FULL REGULAT	ORY OR LSC MENTIF	ICIES DED BY	ID PREFIX TAG	(EACH CORRECTIVE ACTIONS CROSS-REFERENCED TO	THE	COMPLET E DATE
driving. Staff B said her that Individual to passenger seat. State grabbed the arm of towards him and street to the arm and tried to the state of the said tried to the said tried t	d that Individuals #1 a #1 was sitting in the from #1 B said that they told Individual #1 and publick his tongue in and c French kiss her. Staff E	her that he led her that he led her led her led his	W 153	-		
The facility must he violations are thorous this STANDARD Based on record responsible to the property of a Facility and the series of a Facility of a Facility. Interview with the a 40 pm revealed	is not met as evidence view and interview on vas determined the facigations of alleged sexus or 3 of 3 allegations may investigation Report the file, revealed set on 03/08/01, that the facility assaulted her. Refor the investigation in the file of the investigation in the file was no evidence to had been investigated.	lleged d by: lifty failed to all abuse ade. dated the alleged eview of the actuded a lithat noted adividual 2 dissed to indicate by the 1 06/01/01 at a claim and	W 154	log, verbatim in the order re This log is kept by the Adm and is reviewed by the Reg Administrator to ensure tha allegations are correctly ide assigned to be investigated	eceived. iinistrator gional it all entified and i. Date of	
	CARE FINANCING NT OF LES OF CORRECTION ROVIDER OR SUPPLIER WELLS HOUSE SUMMARY STA (EACH DEFICIENC FULL REGULAT IN Continued From page driving. Staff B said her that Individual f passenger seat. Stal grabbed the arm of towards him and sta mouth and tried to f she did not report to 483.420(d)(3) STA The facility must he violations are thoro This STANDARD Based on record re- 05/30-06/01/01 it v ensure that all alleg were investigated f Review of a Facility 3/12/01 as well as Individual #1 alleg perpetrator had ser written statement is she had been told it that the alleged pe Individual #1." T that this allegation facility. Interview with the 3.40 pm revealed that he had out the 3.40 pm revealed that he had out the	CARE FINANCING ADMINISTRATION NT OF THES 10 OF CORRECTION (X1) PROVIDER/SUP TIDENTIFICATION 45C8P7 ROVIDER OR SUPPLIER WELLS HOUSE SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECED FULL REGULATORY OR LSC IDENTIF INFORMATION) Continued From page 11 driving. Staff B said that Individuals #1 a her that Individual #1 was sitting in the fro- passenger seat. Staff B said than they told grabbed the arm of Individual #1 and pulle towards him and stuck his tongue in and comouth and tried to french kiss her. Staff E she did not report to this incident. 483,420(d)(3) STAFF TREATMENT OF The facility must have evidence that all a violations are thoroughly investigated. This STANDARD is not met as evidence Based on record review and interview on 05/30-06/01/01 it was determined the faci ensure that all allegations of alleged sexua- were investigated for 3 of 3 allegations m Review of a Facility Investigation Report 3/12/01 as well as the file, revealed Individual #1 alleged on 03/08/01, that the perpetrator had sexually associated her. R written statement by Staff H dated 3/09/0 she had been told by Individual #1 and Ir that the alleged perpetrator had "French k Individual #1." There was no evidence to that the alleged perpetrator had "french k Individual #1." There was no evidence to that the lad out the information in with the that he had out the information in with the that he had out the information in with the	ROVIDER OR SUPPLIER WELLS HOUSE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 11 driving. Staff B said that Individuals #1 and #2 told her that Individual #1 was sitting in the front passenger soat. Staff B said that they told her that he grabbed the arm of Individual #1 and pulled her towards him and stuck his tongue in and out of his mouth and tried to french kiss her. Staff B said that she did not report to this incident. 483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record review and interview on 05/30-06/01/01 it was determined the facility failed to ensure that all allegations of alleged sexual abuse were investigated for 3 of 3 allegations made. Review of a Facility Investigation Report dated 3/12/01 as well as the file, revealed Individual #1 alleged on 03/08/01, that the alleged perpetrator had sexually assaulted her. Review of the written statements for the investigation included a written statement by Staff H dated 3/09/01 that noted she had been told by Individual #1 and Individual 2 that the alleged perpetrator had "French kissed Individual #1." There was no evidence to indicate that this allegation had been investigated by the	CARE FINANCING ADMINISTRATION IT OF THE THE TOTAL TO NUMBER A BUILDS EVEN OF CORRECTION ROYIDER OR SUPPLIER WELLS HOUSE SUMMARY STATEMENT OF DEFICIENCIES AUSTIN, TX 78747 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC MENTIFYING NFORMATION) Continued From page 11 driving. Staff B said that Individuals #1 and #2 told her that Individual #1 was sitting in the front passenger soat. Staff B said that they told her that he grabbed the arm of Individual #1 and pulled her towards him and stuck his tongue in and out of his mouth and tried to french kiss her. Staff B said that she did not report to this incident. 483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record review and interview on DS/30-06/01/01 it was determined the facility failed to ensure that all allegations of alleged sexual abuse were investigated for 3 of 3 allegations made. Review of a Facility Investigation Report dated 3/12/01 as well as the flic, revealed Individual #1 alleged on 03/08/01, that the alleged perpetrator had sexually assaulted her. Review of the written statements for the investigation included a written statement by Staff H dated 3/09/01 that noted she had been told by Individual #1 and Individual 2 that the elleged perpetrator had "french kissed Individual #1." There was no evidence to indicate that this allegation had been investigated by the facility. Interview with the facility investigator on 06/01/01 at 3.40 pm revealed he did not look into the claim and that he had out the information in with the alleged Individual #1." There was no evidence to indicate that this allegation had been investigated by the facility investigator on 06/01/01 at 3.40 pm revealed he did not look into the claim and that he had out the information in with the alleged	TOP CORRECTION (XI) PROMOERSUPPLIER (XI) MENTIFICATION NUMBER: 45C897 ROYIDER OR SUPPLIER ROYIDER OR SUPPLIER ROYIDER OR SUPPLIER (XI) PROMOERSUPPLIER (XI) A BUILDING E WIND AUSTIN, TX 78171 SUMMARY STATEMENT OF DEFICIENCY AUSTIN, TX 78171 SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) Continued From page 11 driving. Staff B said that Individuals #1 and #2 told her that Individual #1 was sitting in the front passenger soal. Staff B said that they told her that he grabbed the arm of Individual #1 and pulled her towards him and stuck his tongue in and out of his mouth and tried to french kiss her. Staff B said that she did not report to this incident. 483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record review and interview on DS/30-06/01/01 it was determined the facility failed to ensure that all allegations of alleged sexual abuse were investigated for 3 of 3 allegations made. Review of a Facility investigation Report dated 3/12/01 as well as the file revealed Individual #1 and poly that noted site had been told by Individual #1 and Individual 2 that the alleged perpetrator had "French kissed Individual #1". There was no evidence to indicate that this allegation had been investigated by the facility. Interview with the facility investigator on 06/01/01 at 3.40 pm revealed he did not look into the claim and that he lade due the information in with the alleged	MENT OF HEALTH AND HUMAN SERVICES CARE FINANCING ADMINISTRATION NO FIES OF CORRECTION 45C897 STREET ADDRESS, CITY, STATE, SP CODE ADDRESS, CITY, STATE, SP CODE COMPLETE WELLS HOUSE SUMMARY STATEMENT OF DEFICIENCY ADSTIN, XX 78947 SUMMARY STATEMENT OF DEFICIENCE GACH DEFICIENCY MUST BD PRECEDED BY FULL REQUIATIONY OR LSC IDENTIFYING FORWARTION Continued From page 11 driving, Staff B said that Individuals #1 and #2 told her that Individual #1 and pulled her that and tried to french kiss her. Staff B said that she did not report to this inciden. This STANDARD is not met as evidenced by Based on record review and interview on DS730-06/01/01 it was determined the facility failed to ensure that all allegations are thoroughly investigated. This STANDARD is not met as evidenced by Based on record review and interview on DS730-06/01/01 it was determined the facility failed to ensure that all allegations for all of allegad sexual abuse were investigated for 3 of 3 allegations made. Review of a Facility investigation Report dated 3/12/01 as well as the file: revealed fundividual #1 and good of olividual #1 and folioided a written statement by Staff H dated 3/09/01 that noted she had been rold by Individual #1 and folioided a written statement for the investigation included a written statement by Staff H dated 3/09/01 that noted she had been revestigated included a written statement by Staff H dated 3/09/01 that noted she had been rold by Individual #1 and folioided a dividual #1. There was no evidence to indicate that this allegation had been investigated by the facility. Interview with the facility investigator on 06/01/01 as 3.3.0 pm revealed he did not look into the claim and that he had out the information in with the alleged

ORNI HCFA-2567(02-99) ATG/12(+9)

Event I UOKQ! 1 Facility I

If continuation shout 12 of 16

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 60201 FORM APPROVED OMB NO. 0938-0391 be y

HEALTH	CARE FINANCING	ADMINISTRATION		T		(X3) DATE	SUPVEY
STATEMENT OF DEFICIENCIES IDENTIFICATION (XI) PROVIDERSU IDENTIFICATION		(XI) PROVIDERSUP! IDENTIFICATION	PLIERCLIA	(NZ) MULTI A BUILDIN B. WING	PLE CONSTRUCTION O	COMPLETED C 6/1/01	
		450897				67	1/01
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		4
	WELLS HOUSE		4702 INDIA AUSTIN, T	N WELLS I X 78747			
(X4) D PREFI X	(EACH DEFICIENC FULL REGULATION	TEMENT OF DEFICIEN Y MUST BE PRECEED ORY OR LSC IDENTIF FORMATION	SEL DI	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED APPROPRIATE DEFIC	n should be To the	COMPLET E DATE
TAG	<u>, , , , , , , , , , , , , , , , , , , </u>			W 154			1
W 154	look at the issue as a	separate issue.		W (24			
	3-8-01 Investigation Individual #1 had to perpetrator had toue to a football field. dated 03/13/01. On from the alteged per contradicted each of indication that this time is at 3:00 pm revealed separate altegation is story kept growing.	e document titled Adde. The document noted Id her mother that the hed her breast during a There were two writter a from the alleged vict petrator. Both written her, There was no other liegation had been into the allegation was not the allegation was not the allegation was not so they considered the mof the allegation manner.	that alleged an outing a statements im and one statements icc restigated. n 06/01/01 viewed as im that "the				
	allegation made on alleged perpetrator allegation was unsuthat she had been stalleged perpetrator report noted that In making similar alleging in the statement of the written statement made by the allege statement dated 03 that he denied the Individual #1 on 0	ity Investigation Report 03/08/01 of sexual abted 03/12/01 revealed instantiated. Individual exhally assaulted after went to a hardware steady and the foliations. There was noted to indicate she had a noted that Individual ation of having sex will van at the workshop, and revealed that the all perpetrator. Review 1/12/01 by the ex-boyfriallegation, Interview of 6/01/01 at 2.30 pm recon. Review of the faci	ise by the ad the al #1 alleged site and the ore. The ory of evidence in such a #1 had th her Review of diegation was of a written lend noted with vealed she				

FORM HCPA-2567(02-99)

AT GI 12(310)

Event 1 UOKQII

Facility I

If continuation sheet 13 of 16

DEPARTM	MENT OF HEALTH	AND HUMAN SERV ADMINISTRATION	1CES			FORM AF	7938-0391
STATEMEN	ποε	(X1) PROVIDERSUP) DENTIFICATION 45G897	PLIERCLIA NUMBER:	A BUILDIN		(X3) DATE S COMPLE C	CAST
	ROVIDER OR SUPPLIER VELLS HOUSE	`	STREET ADD 4702 INDIA AUSTIN, T	WELLS I	STATE ZIF CODE DRIVE		
(X4) ID PREFI	SUMMARY STA (EACH DEFICIENC FULL REGULAT	TEMENT OF DEFICIENTY MUST BE PRÉCIEDO ORY OR LSC IDENTIF	CES ED BY	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO APPROPRIATE DEFICIE	THE	(XS) COMPLET E DATE
TAG	Continued From page investigation file recreport dated 03/08/0 facility and a writter staff dated 03/09/01 was reported to both Interview with a wo that Individual #1 withe time she alleged There was a receipt facility file with the #1 that the sexual at 483.420(d)(3) STAI The facility must provide the investigated This STANDARD Based on record recording that Individual perpetrator during sexual abuse for 1 of The findings are: Review of an investigative of the findings are:	realed a copy of the Inc. I from a direct care statement made by a staff at the two setting reals on 05/31/6 as absent from her clathat the sexual assault from the hardware stotime frame alleged by assault occurred. FF TREATMENT OF event further potentiation is in progress. Is not met as evidence view and interview on a determined the facility and interview on the protected from the an investigation of an about allegations.	cident aff at the workshop allegation gs. I revealed ss during occurred. re in the Individual CLIENTS I abuse d by: y failed to owned and he alleged allegation of	W 154	W155 A policy has been impleme requiring the administrator allegations of physical har abuse to the police as well The policy further requires employee shall return to whe/she is under investigating the police, TDHS or AHS. Quality Advisor will train the Administrator, Investigator QMRPs on this policy by Administrator, all other staff will be this policy by the Administrator, by August 5, 20 employees and consumer trained on a new Rights.	ented to report all m or sexual l as TDHS. that no rork while on by either The State ne that and lugust 5, e trained on rator (and/or 001. All s will be	
	sexual abuse dated 3/8/01 Investigatio Individual #1's mo alleged perpetrator There were two wr victim. Individual	3/12/01 revealed an A n. The addendum note ther made an allegation had sexually abused in itten statements, one but it, and the other the actions no other written	adendum to ed that in that the individual #1. by the alleged		Neglect curriculum that in understanding and exercitudents and identifiand neglect, and reporting for all components by Aug	cludes sing rights, ying abuse g procedures	

ORNI HCFA-2567(02-99)

A1G1 (3011)

Event I CONQ11 Facility I

If continuation sheet 14 of 16

P.16/20

DEPART	ZENT OF HEALTH	AND HUMAN SERV ADMINISTRATION	ICES		DO OMB	10.0938-039]
STATEMEN	√T OF	(XI) PROVIDERSUFF IDENTIFICATION 45G897	NUMBER.	P. MINO _	IPLE CONSTRUCTION COM	TE SURVEY IPLETED C 6/1/01
	ROVIDER OR SUPPLIER		4702 INDIA AUSTIN, T	IN WELLS	PROVIDER'S PLAN OF CORRECTION	(X5)
(X4) ID PREFI X	(EACH DEFICIENT FIRE REGULAT	TEMENT OF DEFICIEN BY MUST BE PRECEED ORY OR LSC IDENTIF FORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLET E DATE
	Cominued From page documentation. Interview with the freedom the investigation workshop white the workshop white 483, 420(d)(4) STA. The results of all in the administrator of other officials in a five working days of the STANDARD. Based on interview it was determined it was determined it was determined it was determined involving Individual The findings are: Review of the Factorial of the findings are: Review of the Factorial of the findings are: Review of the Factorial of the findings are: Interview on 5/3 Lance to the findings are to the findings are to the findings are: Interview on 5/3 Lance to the findings are to the findings are to the findings are the findings a	acility investigator assignation on 6/1/01 at 3:40 perpetrator continued the got the two written. FF TREATMENT OF westigations must be recordance with State land the incident. Is not met as evidence and record review on the facility failed to content agency after they real assault for 1 of 1 alleger.	CLIENTS CLIENTS cported to ative or to w within d by: 5/30-6/1/01. Itaci the excived an ations ri dated notification of c facility estigation write down r.		Investigators will be in-serviced on investigation reporting procedures to include timely submission to State Agencies, the new policy on reporting all allegations of physical harm or sexual abuse to the police as well a to TDHS by August 5, 2001. A) Administrator (and/or designee) ensuring that a Comprehensive Functional Assessment is completed, and completed in a timely manner by August 5, 200. B) QMRP will receive training from Administrator (and/or designee) the expectation of the development and implementation of IPP's 30-days after admission Training to be completed by August 5, 2001. C) QMRP will receive training from Administrator (and/or designee) expectations on ensuring that the training objectives reflect the new of the individual as identified in comprehensive functional assessment. Training to be completed by August 5, 2001.	on on on on on en on

ORM HCFA-2567(02-99)

ATG: 12th

Eventt UORQII

Family !

If continuation sheet 15 of 16

TATEME EFICIEN	COES	(XI) PROVIDERSUP IDENTIFICATIO	PLIERCLIA N NUMBER:	(X2) MULT A BUILDS	NO	(X3) DATE COMPL	ETED
ND PLAT	OF CORRECTION	45 G 897		B. WING_		6/1	/01
'ALLE OF F	PROVIDER OR SUPPLIER		STREET ADD		STATE, ZIP CODE		
	WELLS HOUSE		4702 INDIA AUSTIN, T	N WELLS X 78747			
(X4) DD PREFI X TAG	(EACH DEFICIENCE FULL REGULAT	TEMENT OF DEFICIES LY MUST BE PRECEED ORY OR LSC IDENTE FORMATION)	JED BY	D PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCE APPROPRIATE DEF	ION SHOULD BE ED TO THE CICIENCY)	COMPLET E DATE
W 156				W 156	 D) QMRP will receive the Administrator (and/or 	or designee) on	
	Individual 1, reveal notified of the allegar mother when they in 3/14/01. Review of police department dinterview.	al assault case involving the police departmention by Individual 1 and the report to them the Narrative Report atted 3/14/01 confirme	ent was first and her n on from the ed the		expectations on ensured relative to the IPP of collected according frequency as require Training to be compared	bjectives is to the ed by the plan. bleted by training from	
	Review of a written statement dated 3/23/01 from individual 1/s mother to the local police department, noted that the officer who took the report "was very concerned that this incident had never been reported to the police department for a proper investigation." Interview with the facility administrator on 6/1/01 at 3:00 pm revealed the police were not notified because Individual 1 did not want police involvement at that time.	epartment, "was very on reported estigation."		Administrator (and/o expectations on rec informed consents implementing Beha Plans. Training to the by August 5, 2001.	eiving written prior to vior Support		
		nico pecanse		F) QMRP will receive Administrator (and/expectations to ensusing a psychotropiless intrusive programmer)	or designee) on ture that prior to ic medication, a am was		
			attempted. Training completed by Augu G) QMRP will receive to Administrator (and/othe expectation that demonstrate that the effects of an individual outweigh the harmf psychotropic medical complete.	st 5, 2001. training from or designee) on t we must le harmful ual's behavior ful effects of a	ń.		
4.	5				implementation. To completed by Augu H) QMRP will receive Administrator (and/the expectation that menu must be folio have ensured that	raining will be est 5, 2001. training from for designee) on t the dinner wed and/or	